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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2878 PCT/US																														
<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		First Named Inventor	Ansgar BEHLER																														
		COMPLETE IF KNOWN																															
		Application Number																															
		Filing Date																															
		Group Art Unit																															
		Examiner Name																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing                         </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> <input type="checkbox"/> Declaration Submitted after Initial Filing                         </div> </div>																																	
<p>As a below named inventor, I hereby declare that:                      My residence, post office address, and citizenship are as stated below next to my name.                      I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>METHOD FOR THE ALKOXYLATION OF ALKYL AND/OR ALKENYL POLYGLYCOSIDES</b> </div> <p align="center"><i>(Title of the Invention)</i></p> <p>the specification of which</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> is attached hereto                         </div> <div style="width: 10%; text-align: center;">OR</div> <div style="width: 45%;"> <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px 20px;">02/11/2005</span> as United States Application Number or PCT International                         </div> </div> <p>Application Number <span style="border: 1px solid black; padding: 2px 20px;">PCT/EP2005/001376</span> and was amended on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px 20px;"></span> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p>																																	
<p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Prior Foreign Application Number(s)</th> <th rowspan="2">Country</th> <th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th> <th rowspan="2">Priority Not Claimed</th> <th colspan="2">Certified Copy Attached?</th> </tr> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td rowspan="6">10 2004 008302.9</td> <td rowspan="6">DE</td> <td rowspan="6">02/20/2004</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>					Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		YES	NO	10 2004 008302.9	DE	02/20/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Application Number(s)</th> <th>Filing Date (MM/DD/YYYY)</th> <th rowspan="2"> <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.                         </th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>					Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.																										
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**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2005/001376	02/11/2005	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Firm Name **23657** Customer Number or label ☐

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

Given Name	<b>Ansgar</b>	Middle Initial		Family Name	<b>BEHLER</b>	Suffix e.g. Jr.	
Inventor's Signature	<i>H. M. S. 13/11/06</i>				Date	<b>20.7.06</b>	
Residence: City	<b>Bottrop</b>	State		Country	<b>Germany</b>	Citizenship	<b>German</b>
Post Office Address	<b>Siegfriedstrasse 80</b>						
Post Office Address							
City	<b>46240 Bottrop</b>	State		Zip		Country	<b>Germany</b>
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box ☐

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<b>DECLARATION</b>					<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>				
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Frank	Middle Initial		Family Name	CLASEN		Suffix e.g. Jr.		
Inventor's Signature					Date	02/20/06			
Residence: City	Hilden	State		Country	Germany	Citizenship	German		
Post Office Address	Hagelkreuzstrasse 22								
Post Office Address									
City	40721 Hilden	State		Zip		Country	Germany	Applicant Authority	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
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